PSYCHOTHERAPY OF A SEXAGENARIAN

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Psychotherapy of a Sexagenarian

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Introduction

Psychotherapy with geriatric patients is receiving an increasing amount of attention in the current professional literature. Much of the work describes modifications in technique which were thought to be necessary because of the patient's age. Important questions have been raised regarding cognitive capacities, the ability to acquire useful understanding, the desire for personality improvement, and the possible sources of instinctual pleasure of old people.[1]

Many case descriptions delineate symptoms of organic brain damage and many patients were institutionalized at the time of treatment.[2,5] Despite these facts, which are often conceptualized as indicating that geriatric patients would be poor candidates for analytically oriented psychotherapy, surprisingly good results have been obtained. Butler stressed that psychotherapy requires a "great investment of time;" consequently, some patients of advanced age and allegedly reduced intellectual potential have not been considered candidates for psychotherapy even though they are otherwise accessible to analytically oriented techniques. However, the "quantitative effect of psychotherapy" may greatly enrich the final years.[6] In addition, it has been emphasized that the maintenance of a satisfactory adjustment in the community requires considerable social service work with the elderly patient.[7]

In psychotherapy with the elderly, transference and resistance also may be approached in a modified manner. Meerloo reported that he found "no therapeutic indication to solve a transference which is the combination of parental and filial images." He was able to "give back the resources of childhood and achieve a spontaneous return of emotions repressed in childhood."[8] Resistance appeared to be diminished "because approaching death presses the aged unconsciously to a reviewing of life and a comparison between goals and actual achievements." Thus resistance analysis may not be required if "mental defenses break down spontaneously."[9] Grotjahn also indicated that "resistance against unpleasant insight is lessened in old age and retrospection can be turned into introspection."[10] Butler described "the life review as a progressive return to consciousness of past experiences and conflicts which potentially proceeds towards personality reorganization."[11] Abraham stated that "the age of the neurosis is more important than the age of the patient."[12]

The observation that the unconscious is timeless was made by Freud[13] and Bleuler.[14] The latter wrote that patients may have "a compulsion to remember" earliest childhood experiences. Rosenthal also observed that the unconscious remains active and often becomes quite powerful in the aged.[15] Consequently, the factor of age alone should not be the crucial determinant in selection of patients for psychotherapy. Sheps noted that "the capacity of a person to respond to psychiatric treatment is no more altered by age than is his response to antibiotics — age and chronicity are two of many factors that determine the prognosis."[16]

The case presented here demonstrates that without modification of analytically oriented psychotherapeutic techniques an understanding of unconscious processes and determinants was obtained by the patient. Resistance was dealt with and the transference had to be resolved.

The increasing life span in our society requires that more emphasis be placed on geriatric psychotherapy. This is necessary to alleviate neurotic aggravation of senescence and allow the utilization of this vast storehouse of experience for continued social productivity instead of social liability. In the future a greater demand for treatment is likely in this age group and information about its possibilities, potentialities, and limitations will be most valuable.

Case History

This is the case history of an attractive 60-year-old, Caucasian woman who sought therapy because of anxiety and depression precipitated by difficulties encountered with her children as they matured. During 28 consecutive months of intensive therapy she reported the following anamnesis.

The patient was the fourth of seven children reared in a rigid, Mormon family. Her father, age

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92, was a warm, affectionate, charming gentleman whom she felt to be omnipotent. She feared the loss of his love.

Her mother was an aggressive, prim, emotionally reserved daughter of English immigrants. She had married the patient's father after the death of his first wife and endeavored to be a perfect parent, always serious, business-like, strong, and capable. The patient idolized and extravagantly loved her mother so that she came to think, "I loved her more than she loved me."

An older half-sister was very demanding, openly rebellious and hostile even though she was over indulged in an effort to compensate for the death of her biologic mother; this produced considerable resentment and sibling rivalry. Her oldest full sister was domineering and critical. The patient had a close relationship with her next youngest sister — "We were like twins." She was extremely attached to her parents and dependent on them for love and encouragement. As a child the patient would suffer severe melancholia whenever she was separated from her parents.

As an adolescent she experienced venerophobia, coitaphobia, and androphobia. Her mother warned "you can just kiss a man and get syphilis." When she was 13 years old she witnessed her brother's gruesome accidental death when he fell from a runaway horse. She was horrified to observe his badly bruised and broken body. Later that year she became quite depressed and anemic so that a diagnosis of "cholorosis" was established.

Idiopathic grand mal epilepsy developed in her one-year-older sister when she was 15 years of age. At the age of 17, the patient was embarrassed to sleep in the same motel room with her father. She completed high school as the valedictorian. During the freshman year of college she became increasingly discouraged and depressed. Two men she dated shocked her by attempting sexual intercourse which she resisted. Nonetheless, she felt "filthy" after these experiences.

At the age of 21 the patient had an emotional illness characterized by depression, social withdrawal, and a loss of interest. She was unable to continue at the university. She lived at home during this period with her mother who had to work to supplement the family income.

Upon recovery from this illness, she met and fell in love with and became engaged to an attractive young man, but his invalid mother persuaded him to break the engagement. She felt that her sister's epilepsy was also a factor in his decision, as it represented "an edge of insanity" in her family.

The patient moved to Los Angeles to live with her younger sister for a year. Here she met her present husband, then an enlisted man in the United States Navy. At the age of 25 years she feared becoming a spinster and, upon learning that her former fiancee had married, accepted the proposal of this sailor. Repeated incidents such as being refused service because he was in military uniform made her feel "declassed." They were criticized and ridiculed by the sister about the husband's low station in the military. She came to feel that he was a clumsy, callous, insensitive oaf who seemed to hate women. She expected him to be more like her father but he seemed full of aggression and often had a "fierce look." She would panic when "that angry glint" appeared in his eyes, because she feared he would kill her. During the first three years of marriage she was sexually frigid and unable to achieve orgasm.

In 1930, her mother died at the age of 53. This was so great a shock that she was unable to experience a grief reaction. She felt responsible for her mother's death because she had greatly added to her mother's burdens by requiring considerable maternal care when depressed.

Immediately following her mother's death she moved into her father's home to care for him, where she lived for three-years. During this time she experienced intense jealousy when her father courted and married another woman. Following this, she moved into a small house near her father and stepmother whom she disliked.

The patient's first pregnancy was complicated by an almost fatal toxemia. Her second daughter was unwanted and she attempted abortion by ingesting quinine. However, this failed and she delivered her largest baby without any anesthesia and with great pain.

Between 1934 and 1938, she and her husband had their most pleasant relationship while he was stationed ashore in the United States having received a promotion to Chief Petty Officer. However, when he left for sea duty she was pregnant again and for several months he failed to forward any money, causing her to live with her sister and unemployed brother-in-law. She felt trapped in an unhappy marriage.

Her husband was away from home throughout World War II. When he returned their conflict centered around the second daughter — a lazy, carefree, very untidy, overweight girl. Her husband and daughter constantly quarreled. The patient threatened again to leave her husband if he persisted in mistreating their daughter.

Their first daughter established a warm relationship with her father, but the patient felt "shamed" because she had frequent academic problems in school. The patient had a very devoted relationship with her son who was handsome, affectionate, and tender, much like her own father. She and her son slept together until he was six years old.

When 42 years of age, the patient experienced menopausal symptoms of vaginal hemorrhage and "strangling" sensations at night. She obtained some relief with "hormone injections" but became increasingly depressed and desperate. She felt a great sense of worthlessness following her mother's death and finally, in 1952, withdrew to the extent of spending an entire week in bed, during which time she was amnesic. She was referred to a state psychiatric hospital where she received a course of electro-convulsive therapy. She considered this hospitalization the "worst horror and disgrace of her life" because "all personal dignity and every civil right" were taken from her. However, she improved greatly and was discharged three months later.

In 1957, she had a hysterectomy for suspected cancer of the cervix. Subsequently, she felt "keenly desexed" and at the end of "female usefulness." She recovered from the operation satisfactorily and had no further depression. She sought psychotherapy in 1960 because of anxiety aroused by her son's loss of self-confidence when he returned from a two-year religious mission, and her youngest daughter's marriage. The latter situation was a symbolic recapitulation of her own unsatisfactory marriage, because her daughter chose to marry an enlisted Mexican sailor. These incidents reawakened doubts about her parental adequacy and motivated her to seek intensive psychotherapy.

Course of Therapy

The patient was seen vis-a-vis for 50 minutes twice a week for 28 consecutive months. She was very cooperative and within three months a positive therapeutic relationship developed so that transference elements became apparent. She experienced feelings of love for the therapist, which she identified as identical to the emotions which previously had been directed toward her father. In addition, the therapist was the object of a warm maternal affection such as she felt for her son. Also prominent was the recrudescence of the sensual love she had for her first fiance, including a wish for sexual intimacy with the therapist. During the eighth month she dramatically indicated a partial resolution of her previous relationships by burning love letters from her first fiance, which she had retained for nearly 40 years. His memory had been invested with glamor and romance.

After approximately 16 months of therapy the patient began to reexperience the affective ambivalence she felt for her deceased mother. At 18 months, the transference included the love for her mother and she "idolized" the therapist. In the next few months she struggled with her great anger, genuinely demostrating it during the hour of therapy for the first time. She overcame her passive dependence by virtue of the resolution of this anger and began to act for her own best interests. In addition she found that her depression was dispelled by experiencing the anger, and for the first time in many years she had short periods of mild elation.

Dreams reported by the patient demonstrated a latent content consisting of an unconscious wish related to the day residue, and significant conflictual material from her infancy and childhood. This was disguised by the dream censorship and perceived as the manifest content essentially as described by Freud.[17] She dreamed that her father was performing an abortion on her when she was "grown yet not grown," and thought, "Surely father can be trusted." Her associations illuminated oedipal fantasies of replacing her mother because she was "probably frigid" and made her father "yearn for love." She also dreamed that her mother returned from the dead and re-experienced the feeling that she "needed her mother's great strength." She longed to be reunited with her.

Termination was accomplished by gradually reducing the frequency of visits over a six-month period and encouraging an expression of her disappointment and anger. This was dramatically expressed by two intense, emotional episodes during which she was unable to remain seated, and abruptly departed. These angry outbursts were successfully resolved so that during the last few sessions she demonstrated a reasonable attitude about termination and a logical approach to contemporary problems.

Results of Therapy

Therapy resulted in alleviation of the patient's recurrent severe depression. She began to utilize socially acceptable channels for the expression of aggression and discarded the seductive, obsequions, dependent attitude she had utilized in all peer relationships prior to therapy. With the resolution of these dependency conflicts she developed a realistic evaluation of her talents and personality assets. Consequently she began to choose more gratifying activities to fill her leisure time which added immeasureably to her sense of well being.

The patient's intimate family relationships also improved considerably as she established a mutually satisfying companionship with her husband characterized by a forthright expression of her feelings. She developed a mature relationship with her youngest daughter instead of the covertly hostile over-solicitous attachment which had existed prior to treatment. The patient also satisfactorily participated in her son's marriage and established a pleasant relationship with her new daughter-in-law.

All aspects of her life were improved by therapy so that she could realistically evaluate the future and enjoy the remaining years of her life free from the constant neurotic depression which had marred the first five decades.

Summary

The foregoing case history is presented as evidence that certain patients who are well beyond the usual recommended age limits for analytically oriented psychotherapy actually may be quite amenable to such treatment. Previous authors described several modifications in the technique of geriatric psychotherapy, which we found unnecessary in this case. We were poignantly reminded that the unconscious is timeless and came to appreciate the relevance of this concept in the older person.

This paper is introduced by a review of the concepts and techniques utilized in geriatric psychotherapy, as reported in the professional literature. The patient's anamnesis is summarized to illustrate the vividness with which significant childhood conflicts were recalled. The therapeutic relationship is described in terms of transference manifestations, dream analysis, and the process of termination.

The opinions or assertions contained herein are those of the writers and are not to be construed as official or as necessarily reflecting the views of the Medical Department of the Navy or of the Naval Service at large.

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